Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000169151 3)))



H180001681513ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rmail	Address:	

FLORIDA LIMITED LIABILITY CO. AMERICA INSURE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

) JUN -4 - 81111: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The hame of the Limited Liability Company is: (Must end with the words "Liability Company is: (Must end with	pæny,	
Amarica Insure 220		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab Company is: 2645 Exacutiva Park Driva Suita 348 Waston FL 33331	ility	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Lie Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.) MARLON ALVARADO	ability entity	
2645 Executive Park Drive	0	
Suite 348 weston 33331	1	
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:		
Josa Angal Farnendez CAMBR	(A	
MARLON ALVARADO (AMBO	ALAMASSEF, FLORIDA	AFRNI 7c0 ARJ FILED 16 JUII-1: AHII: 13

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for

Registered Agent's Signature (REQUIRED)